

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

668

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1 DEATH ND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Apache</u>					2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Apache</u>				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>St. Johns</u>					C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>16 Yrs. 16 Yrs.</u>				
3 DENT ONAL ITA 137 4 257	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) <u>St. Johns Community Hospital</u>					D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>No name or number</u>				
	3. NAME OF DECEASED A. (FIRST) <u>Warren</u> B. (MIDDLE) <u>Wendell</u> C. (LAST) <u>Waters</u>					4. SEX <u>Male</u> 5. COLOR OR RACE <u>White</u>				
6 USE OF ATH A 181	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>					7. DATE OF BIRTH MONTH <u>4</u> DAY <u>26</u> YEAR <u>13</u>				
	8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>					9. AGE YEARS <u>37</u> MONTHS <u>9</u> DAYS <u>17</u>				
3234	9B. KIND OF BUSINESS OR INDUSTRY <u>Saw Mill</u>					10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>				
	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>					12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>				
137	14A. FATHER'S NAME <u>Thomas Smith Waters</u>					14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>				
	15A. MOTHER'S MAIDEN NAME <u>Mary Whiting</u>					15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>				
257	16. INFORMANT'S SIGNATURE <u>Wendell Waters</u> ADDRESS <u>St. Johns, Ariz.</u>					17. DATE OF DEATH (MONTH) <u>February</u> (DAY) <u>13</u> (YEAR) <u>1951</u>				
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS, 2					MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Intracranial Hemorrhage</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Multiple Cranial &amp; Facial fractures</u> DUE TO (c) <u>Auto accident</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>none</u>				
ATH TO RNAL ENCE	19A. DATE OF OPERATION					19B. MAJOR FINDINGS OF OPERATION				
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
ICAL ONER'S CATION	21A. ACCIDENT (SPECIFY) <u>Auto Accident</u>					21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Highway 61, 7 mi So. Concho Ariz.</u>				
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Feb. 13, '51 8:30 AM</u>					21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
ERAL CTOR ND TRAR	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb. 13, 1951</u> TO <u>Feb. 13, 1951</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Feb. 13, 1951</u> AND THAT DEATH OCCURRED AT <u>9:50 AM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					23A. SIGNATURE <u>Houston E. McBride D.O.</u> (DEGREE OR TITLE)				
	23B. ADDRESS <u>St. Johns, Arizona</u>					23C. DATE SIGNED <u>2-17-51</u>				
ND TRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>					24B. DATE <u>Feb. 16, 1951</u>				
	24C. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>					24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>St. Johns, Arizona</u>				
ND TRAR	25A. DATE REC'D BY LOCAL REG. <u>Feb. 17, 1951</u>					25B. REGISTRAR'S SIGNATURE <u>Etta B. Heap</u>				
	26. FUNERAL DIRECTOR'S SIGNATURE <u>Dan B. Mett</u> ADDRESS <u>Springerville, Ariz.</u>					27. EMBALMER'S SIGNATURE <u>Dan B. Mett</u> CERT. NO. <u>266 A</u>				